



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/29/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJ0000206706

FACILITY NAME -> CROSS KEYS AIRPORT

MAILING ADDRESS -> RTE 555
WILLIAMSTOWN, NJ 08094

INSTALLATION ADDRESS -> 1531 N TUCKAHOE RD
WILLIAMSTOWN, NJ 08094

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: WEINER, ANDREW
MGR
CROSS KEYS AIRPORT
211 KINGS HWY E
HADDONFIELD, NJ 08033

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

REGIONAL PROTECTION
REGION II

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NT0000206706

II. Name of Installation (Include company and specific site name)

Cross Keys Airport INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1531 North Tuckahoe Road

Street (continued)

RVLZ FACILITY SERVICE AREA

City or Town

REGENERATION

State

ZIP Code

WILLIAMSTOWN

NJ

08094-

County Code

County Name

015

Gloucester

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 1080

City or Town

State

ZIP Code

Haddonfield

NJ

08033-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Weiner

Andrew

Job Title

Phone Number (area code and number)

609-428-8900

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



P.O. BOX 1080

City or Town

State

ZIP Code

Haddonfield

NJ

08033-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Cross Keys Airport, Inc.

Street, P.O. Box, or Route Number

P.O. BOX 1080

City or Town

State

ZIP Code

Haddonfield

NJ

08033-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

609-428-8900

P

P

Yes

No



ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Refractor</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
C 1 3 3	C 4 3 3				

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (type or print)	Date Signed
	Andrew Weiner, I.D. # 1234	2/18/94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. **THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.**

Date: 3/25/94

Facility Name: Cross Keys Airport

YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:

- I) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) ☐ Name of Installation is incomplete.
- III) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- IV) ☐ Installation Mailing Address is incomplete.
- V) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- VI) ☐ Installation Contact Address is Incomplete.
- VII) ☐ Ownership information is incomplete.
- VIII) ☐ Type of Regulated Waste Activity -- Hazardous Waste:
1. ☐ Generator status is incomplete.
2. ☐ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
3. ☐ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- X) ☐ Certification is insufficient.
Please provide an original signature in the Certification section.
Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

→

XI) _____

_____ is the existing EPA Identification Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the **COMMENTS SECTION (Part XI) of the form, or in a separate letter.** Please re-sign the form with an original signature in the Certification area. **FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.**

XII) _____

Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

XIII) ☒

Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

Lewis Flying Service Inc (Tenant of airport)

☒

The above named installation is in the same building/complex.

Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

The above named installation is the current owner of the property.

List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

The above named installation is registered as the previous owner of the property or prior business.

List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

The above named installation is the previous operator at this location.

☒

Other. Please explain. LEWIS FLYING SERVICE INC

OPERATED A FLYING SERVICE AT CHAS ISEY

AIRPORT. OUR ADDRESS IS CORRECT AS STATED. A

MORE SPECIFIC ADDRESS CANNOT BE GIVEN.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/02/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJ0000206706

FACILITY NAME -> CROSS KEYS AIRPORT INC

MAILING ADDRESS -> PO BOX 1080
HADDONFIELD, NJ 08033

INSTALLATION ADDRESS -> 1531 N TUCKAHOE RD
FACILITY SVC AREA
WILLIAMSTOWN, NJ 08094

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: WEINER, ANDREW
PRES
CROSS KEYS AIRPORT INC
PO BOX 1080
HADDONFIELD, NJ 08033

Latus

Date Received
(For Official Use Only)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
MAY 11 PM
Hazardous Waste
Program

I. Installation's EPA ID Number (Mark X in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Form O)

C. Installation's EPA ID Number

NJ 0000206706

II. Name of Installation (Include company and specific site name)

CROSS KEYS AIRPORT

III. Location of Installation (Physical address, not P.O. Box or Route Number)

Street

ROUTE 555 / 1531 N TUCKAHOE Rd

Street (continued)

City or Town

State

ZIP Code

WILLIAMS TOWN

NJ

08094-

County Code

County Name

GLOUCESTER

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

ROUTE 555

City or Town

State

ZIP Code

WILLIAMSTOWN

NJ

08094-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

WEINER

ANDREW

Job Title

MANAGER

Phone Number (area code and number)

609-428-8900

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

B. Street or P.O. Box

211 KINGS HWY EAST

City or Town

State

ZIP Code

HADDONFIELD

NJ

08033-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CROSS KEYS AIRPORT

Street, P.O. Box, or Route Number

ROUTE 555

City or Town

State

ZIP Code

HADDONFIELD

NJ

08094-

Phone Number (area code and number)

609-629-3033

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

Yes No

AGENCY RO 5

95 MAY 25 PM 3

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See instructions)	<input type="checkbox"/>	1. Off-Specification Used Oil Fuel	<input type="checkbox"/>
a. Greater than 1000 kg/mo (2,200 lbs.)	<input type="checkbox"/>	a. Generator Marketing to Burner	<input type="checkbox"/>
b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/>	b. Other Marketer	<input type="checkbox"/>
c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/>	c. Burner - Indicate device(s) -	<input type="checkbox"/>
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/>	Type of Combustion Device	<input type="checkbox"/>
a. For own waste only	<input type="checkbox"/>	1. Utility Boiler	<input type="checkbox"/>
b. For commercial purposes	<input type="checkbox"/>	2. Industrial Boiler	<input type="checkbox"/>
Mode of Transportation	<input type="checkbox"/>	3. Industrial Furnace	<input type="checkbox"/>
1. Air	<input type="checkbox"/>	2. Specification Used Oil Fuel Marketer	<input type="checkbox"/>
2. Rail	<input type="checkbox"/>	(or On-site Burner) Who First Claims	<input type="checkbox"/>
3. Highway	<input type="checkbox"/>	the Oil Meets the Specification	<input type="checkbox"/>
4. Water	<input type="checkbox"/>		
5. Other - specify	<input type="checkbox"/>		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes: Mark X in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles: (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 1 8 D 0 0 1

B. Listed Hazardous Wastes: (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

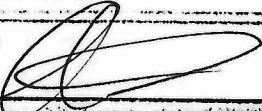
C. Other Wastes: (State or other wastes requiring an ID number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Andrew E. Weiner, President

Date Signed

May 5, 1995

XI. Comments

Note: Mail completed form to the appropriate EPA Regional Office.